

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552267

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4				2		
5				2		
6				2		
7				1		
8				1		
9			1			
10						
11						
12				2		
13				2		
14				2		
15				2		
16				2		
17				2		
18				2		
19				3		
20				4		
21				4		
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23				4		
24				4		
25				4		
26				2		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	52	←		←
TOTAL CLAIMS			54			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						